

County: Milwaukee  
MARIAN FRANCISCAN CENTER  
9632 WEST APPLETON AVENUE

Facility ID: 8010

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MILWAUKEE 53225 Phone: (414) 461-8850

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/00): 252

Total Licensed Bed Capacity (12/31/00): 282

Number of Residents on 12/31/00: 240

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Average Daily Census:

Non-Profit Church Related

Skilled

No

Yes

238

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%
-----	-----	-----	-----	-----	-----	-----	-----	-----
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		36.7
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		37.1
Supp. Home Care-Household Services	No	Developmental Disabilities	2.5	Under 65	29.6	More Than 4 Years		26.3
Day Services	No	Mental Illness (Org./Psy)	25.4	65 - 74	13.8			-----
Respite Care	Yes	Mental Illness (Other)	7.1	75 - 84	25.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.3	85 - 94	28.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	5.8	95 & Over	3.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.3		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.9		100.0	(12/31/00)		
Other Meals	No	Cardiovascular	12.5	65 & Over	70.4	-----		
Transportation	No	Cerebrovascular	13.8	-----	-----	RNs		12.4
Referral Service	No	Diabetes	1.7	Sex	%	LPNs		7.1
Other Services	Yes	Respiratory	6.3	-----	-----	Nursing Assistants		
Provide Day Programming for		Other Medical Conditions	19.6	Male	35.8	Aides & Orderlies		
Mentally Ill	No	-----	-----	Female	64.2			
Provide Day Programming for			100.0	-----	-----			
Developmentally Disabled	No				100.0			

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Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Total	Percent Of All Residents
	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate		
Int. Skilled Care	0	0.0	\$0.00	25	13.5	\$125.91	0	0.0	\$0.00	2	8.0	\$166.00	0	0.0	\$0.00	27	11.3%
Skilled Care	19	100.0	\$166.00	147	79.5	\$107.42	0	0.0	\$0.00	23	92.0	\$156.00	11	100.0	\$210.00	200	83.3%
Intermediate	---	---	---	9	4.9	\$88.93	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	9	3.8%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	4	2.2	\$350.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	4	1.7%
Total	19	100.0		185	100.0		0	0.0		25	100.0		11	100.0		240	100.0%

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
		-----				
		% Needing Assistance of				Total
Percent Admissions from		Activities of	%		% Totally	Number of
Private Home/No Home Health	14.3	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	2.9	42.9	54.2	240
Other Nursing Homes	1.0	Dressing	13.3	36.7	50.0	240
Acute Care Hospitals	83.5	Transferring	22.9	30.0	47.1	240
Psych. Hosp.-MR/DD Facilities	0.5	Toilet Use	22.5	32.9	44.6	240
Rehabilitation Hospitals	0.2	Eating	43.8	26.3	30.0	240
Other Locations	0.5	*****				
Total Number of Admissions	407	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	12.5	Receiving Respiratory Care	11.7	
Private Home/No Home Health	44.7	Occ/Freq. Incontinent of Bladder	30.4	Receiving Tracheostomy Care	6.7	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	29.6	Receiving Suctioning	6.3	
Other Nursing Homes	5.7			Receiving Ostomy Care	1.7	
Acute Care Hospitals	19.0	Mobility		Receiving Tube Feeding	21.7	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.3	Receiving Mechanically Altered Diets	37.5	
Rehabilitation Hospitals	0.5					
Other Locations	5.4	Skin Care		Other Resident Characteristics		
Deaths	24.7	With Pressure Sores	11.7	Have Advance Directives	71.3	
Total Number of Discharges		With Rashes	5.8	Medications		
(Including Deaths)	405			Receiving Psychoactive Drugs	50.8	
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Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities						
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	This Facility	Other Hospital-Based Facilities		All Facilities		
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	84.4	87.5	0.96	84.5	1.00	
Current Residents from In-County	89.2	83.6	1.07	77.5	1.15	
Admissions from In-County, Still Residing	19.9	14.5	1.37	21.5	0.93	
Admissions/Average Daily Census	171.0	194.5	0.88	124.3	1.38	
Discharges/Average Daily Census	170.2	199.6	0.85	126.1	1.35	
Discharges To Private Residence/Average Daily Census	76.1	102.6	0.74	49.9	1.53	
Residents Receiving Skilled Care	94.6	91.2	1.04	83.3	1.13	
Residents Aged 65 and Older	70.4	91.8	0.77	87.7	0.80	
Title 19 (Medicaid) Funded Residents	77.1	66.7	1.16	69.0	1.12	
Private Pay Funded Residents	10.4	23.3	0.45	22.6	0.46	
Developmentally Disabled Residents	2.5	1.4	1.83	7.6	0.33	
Mentally Ill Residents	32.5	30.6	1.06	33.3	0.97	
General Medical Service Residents	19.6	19.2	1.02	18.4	1.06	
Impaired ADL (Mean)*	62.2	51.6	1.20	49.4	1.26	
Psychological Problems	50.8	52.8	0.96	50.1	1.01	
Nursing Care Required (Mean)*	12.9	7.8	1.65	7.2	1.80	